Appendix K
Information Packet

Appendix K

**Information Packet for Release of Annual
and Semi Annual Data**

January 28, 2002

TO: Interested Persons

FROM: Teresa Jennings, Director
           Hospital and Patient Data Systems
           Center for Health Statistics

SUBJECT: ANNOUNCING THE RELEASE OF FIRST-HALF YEAR 2001 CHARS
           DATA AND REPORTS

We are pleased to announce the availability of preliminary inpatient hospital discharge
data collected by the Comprehensive Hospital Abstract Reporting System (CHARS) for
half-year 2001. CHARS discharge data for years1987-2000 are also available.

CDs, which are produced in house, cost $50. The CD can be requested in a text file,
Dbase IV, or SAS. The data are also available on cartridge and tape media for $700.

Attached are the order form and public data file layout. Standard reports are now
available on the web at www.doh.wa.gov/EHSPHL/hospdata/CHARS/Default.htm under
publications.

Patient discharge data for half-year 2001 are classified under HCFA Grouper
Version 18.0. The Washington State specific DRG relative weights used to calculate
grouped case mix indices and the cutoff values for full year are based on 2000 data using
Version 18.0.

Please be informed that most but not all hospitals have been able to certify their data are
95% correct for census and charges. Data are incomplete for several hospitals.

To obtain further information about CHARS data, please call Jeannette Neibert,
CHARS Manager at (360) 236-4223 or E-mail to jeannette.neibert@doh.wa.gov.

Enclosures

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Washington State Department of Health
Comprehensive Hospital Abstract Reporting System
CHARS Order Form 1987 - 2001 Half Year

</div>

Requestor Name: _____

Organization: _____

Mailing Address: _____

City, State, Zip: _____

Telephone (   )   eMail _____

Public DataSet   (These media contain data files only)

	19___	2000	2001 1/2

Compact Disc (CD-Rom)

(please check one) [ ] DbaseIV* [ ]SAS [ ] Text-File $ 50.00

(please check one) [ ] File with Revenue Codes as separate linked file   [ ] File w/o Revenue Codes

        [ ] File with intergrated Revenue Codes (as provided in past years)

CHARS data providers **(Hospitals)** - please call CHS/HPDS to order CD-Rom products (360) 236-4216

Other Options

IBM Cartridge 3480	$ 700.00				
Magnetic Tape - 6250 BPI					
EBCDIC	$ 700.00				
For Custom Blocking Add:					
1600 BPI	$ 300.00				
ASCII	$ 300.00				

Order Summary

Price Sub-Total $ _____

Washington State Residents add 8.0% Sales Tax (except WA State Agencies/Universities)   8.0% $ _____

Total Due   (All Orders Must be Pre-Paid) $ _____

CHARS

Standard Reports

You can find the CHARS reports listed below on the DOH web site:

http://www.doh.wa.gov/EHSPHL/hospdata/CHARS/Default.htm

• Hospital Census and Charges   • Payer Census and Charges

• Hospital Census and Charges Comparison by DRG   • Hospital Patient Origin both Census and Charge

Notes & Guarantees

*Please Note we are not offering the DataSet in Access or in SPSS this year.
DbaseIV will import into Access and SPSS. You can call DOH for more information.

Data/Media are guaranteed for 30 days after purchase. Any defective media found
within this periodwill be replaced free of charge. After 30 days, an additional
processing fee may be charged for replacement. Please review your data on receipt.

<div align="center">

Mailing Information: Washington State Department of Health
CHS/Hospital and Patient Data Systems
P.O. Box 1099
Olympia, WA 98507-1099

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9/01

PUBLIC FILE DATA ELEMENTS AVAILABLE

(Available in the following formats: Text (ascii) flat-file, dbf4, SAS release 6.12)

Variable	Type	Start	Length	Format	Label	Comment
HOSPITAL	Char	1	4	$4.	Hospital Number	DOH assigned hospital number.
LINENO	Num	5	3	3.	Number of Revenue Line Items Used	Refer to REV_XXA field below, this is the total number of those fields with data.
ZIPCODE	Char	8	5	$5.	Zipcode	Alpha characters are used for out-of-country zip codes.
AGE	Num	13	3	3.	Age	
SEX	Char	16	1	$1.	Sex	F = Female M = Male
DIS_DATE	Char	17	7	$7.	Discharge Date	Discharge Date MMMYYYY
LEN_STAY	Num	24	9	4.	Length of Stay	Computed as discharge date minus admission date minus leave of absence days.
ADM_TYPE	Char	33	1	$1.	Type of Admission	1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn
ADM_SRC	Char	34	1	$1.	Source of Admission	1 = Physician referral 2 = Clinic referral 3 = HMO referral 4 = Transfer from hospital 5 = Transfer from SNF 6 = Transfer from other 7 = Emergency room 8 = Court/law enforcement 9 = Information not available When the type of admission is "4 = Newborn", the following is used for Source of Admission: 1 = Normal delivery 2 = Premature delivery 3 = Sick baby 4 = Extramural birth
STATUS	Char	35	2	$2.	Discharge Status	00 = Normal discharge. 01 = Discharged to home or self-care (routine discharge. 02 = Discharged/transferred to another short-term general hospital. 03 = Discharged/transferred to SNF. 04 = Discharged/transferred to ICF. 05 = Discharged/transferred to another type of institution. 06 = Discharged/transferred to home under the care of an HHA. 07 = Left against medical advice. 08 = Discharged/transferred to home under care of home IV provider. 20 = Expired. 50 = Hospice - Home 51 = Hospice - Medical Facility
CHARGES	Num	37	10	9.2	Total Charges	The total charges for the discharge record.
PAYER1	Char	47	3	$3.	Payer ID 1	The primary payer responsible for the bill. 001 = Medicare 002 = Medicaid 004 = Health Maintenance Organization (HMO) 006 = Commercial insurance 008 = Labor & Industries

Washington State Department of Health
Office of Epidemiology, Health Statistics & Public Health Laboratories
Center for Health Statistics - Research Section & Hospital & Patient Data Services
Comprehensive Hospital Abstract Reporting System (CHARS)
PUBLIC FILE DATA ELEMENTS AVAILABLE
(Available in the following formats: Text (ascii) flat-file, dbf4, SAS release 6.12)

Variable	Type	Start	Length	Format	Label	Comment
						009 = Self-pay
						610 = Health Care Service Contractor
						625 = Other sponsored patients
						630 = Charity care
PAYER2	Char	50	3	$3.	Payer ID 2	The secondary payer responsible for the bill using the same codes as for Payer1.
DIAG1	Char	53	5	$5.	Diagnosis 1	Principal diagnosis code used.
DIAG2	Char	58	5	$5.	Diagnosis 2	First secondary diagnosis code.
DIAG3	Char	63	5	$5.	Diagnosis 3	Second secondary diagnosis code.
DIAG4	Char	68	5	$5.	Diagnosis 4	Third secondary diagnosis code.
DIAG5	Char	73	5	$5.	Diagnosis 5	Fourth secondary diagnosis code.
DIAG6	Char	78	5	$5.	Diagnosis 6 (Not labled 1987-1992)	Fifth secondary diagnosis code, added in 1993.
DIAG7	Char	83	5	$5.	Diagnosis 7 (Not labled 1987-1992)	Sixth secondary diagnosis code, added in 1993.
DIAG8	Char	88	5	$5.	Diagnosis 8 (Not labled 1987-1992)	Seventh secondary diagnosis code, added in 1993.
DIAG9	Char	93	5	$5.	Diagnosis 9 (Not labled 1987-1992)	Eighth secondary diagnosis code, added in 1993.
PROC1	Char	98	4	$4.	Procedure 1	Principal ICD-9 procedure code used.
PROC2	Char	102	4	$4.	Procedure 2	First secondary ICD-9 procedure code used.
PROC3	Char	106	4	$4.	Procedure 3	Second secondary ICD-9 procedure code used.
PROC4	Char	110	4	$4.	Procedure 4 (Not labled 1987-1992)	Third secondary ICD-9 procedure code used, added in 1993.
PROC5	Char	114	4	$4.	Procedure 5 (Not labled 1987-1992)	Fourth secondary ICD-9 procedure code used, added in 1993.
PROC6	Char	118	4	$4.	Procedure 6 (Not labled 1987-1992)	Fifth secondary ICD-9 procedure code used, added in 1993.
IDATTEND	Char	122	15	$15.	Primary Physician ID	Attending physician ID number (UPIN, WA DSHS [Medicaid], or DOH/HPQAD numbers).
IDOPERAT	Char	137	15	$15.	Secondary Physician ID	Other physician ID number (UPIN, WA DSHS [Medicaid], or DOH/HPQAD numbers).
DRG	Char	152	3	$3.	DRG Code	The DRG code assigned.
MDC	Char	155	2	$2.	MDC Code	The MDC code assigned.
AVG_LOS	Num	157	3	3.	Average Length of Stay	The DOH assigned average length-of-stay for the DRG.
DRG_WT	Num	160	8	8.5	DRG Weight	The DOH assigned weight for the DRG.
OUTLIER	Char	168	2	$2.	Outlier Code	00 = Normal discharge.
						01 = Total charge is less than the DOH assigned minimum charge for the DRG.
						02 = The length-of-stay is less than the DOH assigned minimum length-of-stay.
						03 = Less than minimum charge and LOS.
						04 = The total charge is greater than the DOH assigned maximum charge.
						05 = The length-of-stay is greater than the DOH assigned length-of-stay.
						06 = Greater than the maximum charge and maximum

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Washington State Department of Health—Office of Hospital and Patient Data Systems
Comprehensive Hospital Abstract Reporting System—April 2002

Washington State Department of Health
Office of Epidemiology, Health Statistics & Public Health Laboratories
Center for Health Statistics - Research Section & Hospital & Patient Data Services
Comprehensive Hospital Abstract Reporting System (CHARS)

PUBLIC FILE DATA ELEMENTS AVAILABLE

(Available in the following formats: Text (ascii) flat-file, dbf4, SAS release 6.12)

Variable	Type	Start	Length	Format	Label	Comment
						LOS.
						07 = Less than minimum charge and greater than maximum LOS.
						08 = Less than minimum LOS and greater than maximum charge.
ECODE1	Char	170	5	$5.	E Code 1 (Not labled 1987-1988)	Principal e-code, added in 1989.
ECODE2	Char	175	5	$5.	E Code 2 (Not labled 1987-1988, 1993-Current)	Secondary e-code, added in 1989, dropped in 1993.
DRG2	Char	180	4	$4.	Refined DRG Code (Not labled 1987-1991)	Added in 1992.
DRG_WT2	Num	184	8	8.4	Refined DRG Weight (Not labled 1987-1991)	Added in 1992.
REV_01A	Char	192	2	$2.	Line Item 01 Number	Refer to LINENO field above.
REV_01B	Char	194	4	$4.	Line Item 01 Revenue Code	UB-92 Revenue code number.
REV_01C	Num	198	4	4.	Line Item 01 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_01D	Num	202	10	10.2	Line Item 01 Charges	Total charges for this line item.
REV_02A	Char	212	2	$2.	Line Item 02 Number	Refer to LINENO field above.
REV_02B	Char	214	4	$4.	Line Item 02 Revenue Code	UB-92 Revenue code number.
REV_02C	Num	218	4	4.	Line Item 02 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_02D	Num	222	10	10.2	Line Item 02 Charges	Total charges for this line item.
REV_03A	Char	232	2	$2.	Line Item 03 Number	Refer to LINENO field above.
REV_03B	Char	234	4	$4.	Line Item 03 Revenue Code	UB-92 Revenue code number.
REV_03C	Num	238	4	4.	Line Item 03 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_03D	Num	242	10	10.2	Line Item 03 Charges	Total charges for this line item.
REV_04A	Char	252	2	$2.	Line Item 04 Number	Refer to LINENO field above.
REV_04B	Char	254	4	$4.	Line Item 04 Revenue Code	UB-92 Revenue code number.
REV_04C	Num	258	4	4.	Line Item 04 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_04D	Num	262	10	10.2	Line Item 04 Charges	Total charges for this line item.
REV_05A	Char	272	2	$2.	Line Item 05 Number	Refer to LINENO field above.
REV_05B	Char	274	4	$4.	Line Item 05 Revenue Code	UB-92 Revenue code number.
REV_05C	Num	278	4	4.	Line Item 05 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_05D	Num	282	10	10.2	Line Item 05 Charges	Total charges for this line item.
REV_06A	Char	292	2	$2.	Line Item 06 Number	Refer to LINENO field above.
REV_06B	Char	294	4	$4.	Line Item 06 Revenue Code	UB-92 Revenue code number.
REV_06C	Num	298	4	4.	Line Item 06 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_06D	Num	302	10	10.2	Line Item 06 Charges	Total charges for this line item.
REV_07A	Char	312	2	$2.	Line Item 07 Number	Refer to LINENO field above.
REV_07B	Char	314	4	$4.	Line Item 07 Revenue Code	UB-92 Revenue code number.
REV_07C	Num	318	4	4.	Line Item 07 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_07D	Num	322	10	10.2	Line Item 07 Charges	Total charges for this line item.
REV_08A	Char	332	2	$2.	Line Item 08 Number	Refer to LINENO field above.
REV_08B	Char	334	4	$4.	Line Item 08 Revenue Code	UB-92 Revenue code number.
REV_08C	Num	338	4	4.	Line Item 08 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_08D	Num	342	10	10.2	Line Item 08 Charges	Total charges for this line item.
REV_09A	Char	352	2	$2.	Line Item 09 Number	Refer to LINENO field above.
REV_09B	Char	354	4	$4.	Line Item 09 Revenue Code	UB-92 Revenue code number.
REV_09C	Num	358	4	4.	Line Item 09 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_09D	Num	362	10	10.2	Line Item 09 Charges	Total charges for this line item.
REV_10A	Char	372	2	$2.	Line Item 10 Number	Refer to LINENO field above.
REV_10B	Char	374	4	$4.	Line Item 10 Revenue Code	UB-92 Revenue code number.
REV_10C	Num	378	4	4	Line Item 10 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_10D	Num	382	10	10.2	Line Item 10 Charges	Total charges for this line item.

Washington State Department of Health—Office of Hospital and Patient Data Systems
Comprehensive Hospital Abstract Reporting System—April 2002

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PUBLIC FILE DATA ELEMENTS AVAILABLE

(Available in the following formats: Text (ascii) flat-file, dbf4, SAS release 6.12)

Variable	Type	Start	Length	Format	Label	Comment
REV_11A	Char	392	2	$2.	Line Item 11 Number	Refer to LINENO field above.
REV_11B	Char	394	4	$4.	Line Item 11 Revenue Code	UB-92 Revenue code number.
REV_11C	Num	398	4	4.	Line Item 11 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_11D	Num	402	10	10.2	Line Item 11 Charges	Total charges for this line item.
REV_12A	Char	412	2	$2.	Line Item 12 Number	Refer to LINENO field above.
REV_12B	Char	414	4	$4.	Line Item 12 Revenue Code	UB-92 Revenue code number.
REV_12C	Num	418	4	4.	Line Item 12 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_12D	Num	422	10	10.2	Line Item 12 Charges	Total charges for this line item.
REV_13A	Char	432	2	$2.	Line Item 13 Number	Refer to LINENO field above.
REV_13B	Char	434	4	$4.	Line Item 13 Revenue Code	UB-92 Revenue code number.
REV_13C	Num	438	4	4.	Line Item 13 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_13D	Num	442	10	10.2	Line Item 13 Charges	Total charges for this line item.
REV_14A	Char	452	2	$2.	Line Item 14 Number	Refer to LINENO field above.
REV_14B	Char	454	4	$4.	Line Item 14 Revenue Code	UB-92 Revenue code number.
REV_14C	Num	458	4	4.	Line Item 14 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_14D	Num	462	10	10.2	Line Item 14 Charges	Total charges for this line item.
REV_15A	Char	472	2	$2.	Line Item 15 Number	Refer to LINENO field above.
REV_15B	Char	474	4	$4.	Line Item 15 Revenue Code	UB-92 Revenue code number.
REV_15C	Num	478	4	4.	Line Item 15 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_15D	Num	482	10	10.2	Line Item 15 Charges	Total charges for this line item.
REV_16A	Char	492	2	$2.	Line Item 16 Number	Refer to LINENO field above.
REV_16B	Char	494	4	$4.	Line Item 16 Revenue Code	UB-92 Revenue code number.
REV_16C	Num	498	4	4.	Line Item 16 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_16D	Num	502	10	10.2	Line Item 16 Charges	Total charges for this line item.
REV_17A	Char	512	2	$2.	Line Item 17 Number	Refer to LINENO field above.
REV_17B	Char	514	4	$4.	Line Item 17 Revenue Code	UB-92 Revenue code number.
REV_17C	Num	518	4	4.	Line Item 17 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_17D	Num	522	10	10.2	Line Item 17 Charges	Total charges for this line item.
REV_18A	Char	532	2	$2.	Line Item 18 Number	Refer to LINENO field above.
REV_18B	Char	534	4	$4.	Line Item 18 Revenue Code	UB-92 Revenue code number.
REV_18C	Num	538	4	4.	Line Item 18 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_18D	Num	542	10	10.2	Line Item 18 Charges	Total charges for this line item.
REV_19A	Char	552	2	$2.	Line Item 19 Number	Refer to LINENO field above.
REV_19B	Char	554	4	$4.	Line Item 19 Revenue Code	UB-92 Revenue code number.
REV_19C	Num	558	4	4.	Line Item 19 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_19D	Num	562	10	10.2	Line Item 19 Charges	Total charges for this line item.
REV_20A	Char	572	2	$2.	Line Item 20 Number	Refer to LINENO field above.
REV_20B	Char	574	4	$4.	Line Item 20 Revenue Code	UB-92 Revenue code number.
REV_20C	Num	578	4	4.	Line Item 20 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_20D	Num	582	10	10.2	Line Item 20 Charges	Total charges for this line item.
REV_21A	Char	592	2	$2.	Line Item 21 Number	Refer to LINENO field above.
REV_21B	Char	594	4	$4.	Line Item 21 Revenue Code	UB-92 Revenue code number.
REV_21C	Num	598	4	4.	Line Item 21 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_21D	Num	602	10	10.2	Line Item 21 Charges	Total charges for this line item.
REV_22A	Char	612	2	$2.	Line Item 22 Number	Refer to LINENO field above.
REV_22B	Char	614	4	$4.	Line Item 22 Revenue Code	UB-92 Revenue code number.
REV_22C	Num	618	4	4.	Line Item 22 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_22D	Num	622	10	10.2	Line Item 22 Charges	Total charges for this line item.
REV_23A	Char	632	2	$2.	Line Item 23 Number	Refer to LINENO field above.
REV_23B	Char	634	4	$4.	Line Item 23 Revenue Code	UB-92 Revenue code number.
REV_23C	Num	638	4	4.	Line Item 23 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_23D	Num	642	10	10.2	Line Item 23 Charges	Total charges for this line item.
REV_24A	Char	652	2	$2.	Line Item 24 Number	Refer to LINENO field above.

PUBLIC FILE DATA ELEMENTS AVAILABLE

(Available in the following formats: Text (ascii) flat-file, dbf4, SAS release 6.12)

Variable	Type	Start	Length	Format	Label	Comment
REV_24B	Char	654	4	$4.	Line Item 24 Revenue Code	UB-92 Revenue code number.
REV_24C	Num	658	4	4.	Line Item 24 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_24D	Num	662	10	10.2	Line Item 24 Charges	Total charges for this line item.
REV_25A	Char	672	2	$2.	Line Item 25 Number	Refer to LINENO field above.
REV_25B	Char	674	4	$4.	Line Item 25 Revenue Code	UB-92 Revenue code number.
REV_25C	Num	678	4	4.	Line Item 25 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_25D	Num	682	10	10.2	Line Item 25 Charges	Total charges for this line item.
REV_26A	Char	692	2	$2.	Line Item 26 Number	Refer to LINENO field above.
REV_26B	Char	694	4	$4.	Line Item 26 Revenue Code	UB-92 Revenue code number.
REV_26C	Num	698	4	4.	Line Item 26 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_26D	Num	702	10	10.2	Line Item 26 Charges	Total charges for this line item.
REV_27A	Char	712	2	$2.	Line Item 27 Number	Refer to LINENO field above.
REV_27B	Char	714	4	$4.	Line Item 27 Revenue Code	UB-92 Revenue code number.
REV_27C	Num	718	4	4.	Line Item 27 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_27D	Num	722	10	10.2	Line Item 27 Charges	Total charges for this line item.
REV_28A	Char	732	2	$2.	Line Item 28 Number	Refer to LINENO field above.
REV_28B	Char	734	4	$4.	Line Item 28 Revenue Code	UB-92 Revenue code number.
REV_28C	Num	738	4	4.	Line Item 28 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_28D	Num	742	10	10.2	Line Item 28 Charges	Total charges for this line item.
REV_29A	Char	752	2	$2.	Line Item 29 Number	Refer to LINENO field above.
REV_29B	Char	754	4	$4.	Line Item 29 Revenue Code	UB-92 Revenue code number.
REV_29C	Num	758	4	4.	Line Item 29 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_29D	Num	762	10	10.2	Line Item 29 Charges	Total charges for this line item.
REV_30A	Char	772	2	$2.	Line Item 30 Number	Refer to LINENO field above.
REV_30B	Char	774	4	$4.	Line Item 30 Revenue Code	UB-92 Revenue code number.
REV_30C	Num	778	4	4.	Line Item 30 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_30D	Num	782	10	10.2	Line Item 30 Charges	Total charges for this line item.
REV_31A	Char	792	2	$2.	Line Item 31 Number	Refer to LINENO field above.
REV_31B	Char	794	4	$4.	Line Item 31 Revenue Code	UB-92 Revenue code number.
REV_31C	Num	798	4	4.	Line Item 31 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_31D	Num	802	10	10.2	Line Item 31 Charges	Total charges for this line item.
REV_32A	Char	812	2	$2.	Line Item 32 Number	Refer to LINENO field above.
REV_32B	Char	814	4	$4.	Line Item 32 Revenue Code	UB-92 Revenue code number.
REV_32C	Num	818	4	4.	Line Item 32 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_32D	Num	822	10	10.2	Line Item 32 Charges	Total charges for this line item.
REV_33A	Char	832	2	$2.	Line Item 33 Number	Refer to LINENO field above.
REV_33B	Char	834	4	$4.	Line Item 33 Revenue Code	UB-92 Revenue code number.
REV_33C	Num	838	4	4.	Line Item 33 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_33D	Num	842	10	10.2	Line Item 33 Charges	Total charges for this line item.
REV_34A	Char	852	2	$2.	Line Item 34 Number	Refer to LINENO field above.
REV_34B	Char	854	4	$4.	Line Item 34 Revenue Code	UB-92 Revenue code number.
REV_34C	Num	858	4	4.	Line Item 34 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_34D	Num	862	10	10.2	Line Item 34 Charges	Total charges for this line item.
REV_35A	Char	872	2	$2.	Line Item 35 Number	Refer to LINENO field above.
REV_35B	Char	874	4	$4.	Line Item 35 Revenue Code	UB-92 Revenue code number.
REV_35C	Num	878	4	4.	Line Item 35 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_35D	Num	882	10	10.2	Line Item 35 Charges	Total charges for this line item.
REV_36A	Char	892	2	$2.	Line Item 36 Number	Refer to LINENO field above.
REV_36B	Char	894	4	$4.	Line Item 36 Revenue Code	UB-92 Revenue code number.
REV_36C	Num	898	4	4.	Line Item 36 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_36D	Num	902	10	10.2	Line Item 36 Charges	Total charges for this line item.
REV_37A	Char	912	2	$2.	Line Item 37 Number	Refer to LINENO field above.
REV_37B	Char	914	4	$4.	Line Item 37 Revenue Code	UB-92 Revenue code number.

PUBLIC FILE DATA ELEMENTS AVAILABLE

(Available in the following formats: Text (ascii) flat-file, dbf4, SAS release 6.12)

Variable	Type	Start	Length	Format	Label	Comment
REV_37C	Num	918	4	4.	Line Item 37 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_37D	Num	922	10	10.2	Line Item 37 Charges	Total charges for this line item.
REV_38A	Char	932	2	$2.	Line Item 38 Number	Refer to LINENO field above.
REV_38B	Char	934	4	$4.	Line Item 38 Revenue Code	UB-92 Revenue code number.
REV_38C	Num	938	4	4.	Line Item 38 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_38D	Num	942	10	10.2	Line Item 38 Charges	Total charges for this line item.
REV_39A	Char	952	2	$2.	Line Item 39 Number	Refer to LINENO field above.
REV_39B	Char	954	4	$4.	Line Item 39 Revenue Code	UB-92 Revenue code number.
REV_39C	Num	958	4	4.	Line Item 39 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_39D	Num	962	10	10.2	Line Item 39 Charges	Total charges for this line item.
REV_40A	Char	972	2	$2.	Line Item 40 Number	Refer to LINENO field above.
REV_40B	Char	974	4	$4.	Line Item 40 Revenue Code	UB-92 Revenue code number.
REV_40C	Num	978	4	4.	Line Item 40 Units of Service	Reference CHARS Procedure Manual & UB-92.
REV_40D	Num	982	10	10.2	Line Item 40 Charges	Total charges for this line item.
SEQ_NO	Char	992	10	$10.	Sequence Number	Unique sequence number assigned to each record.

Appendix K-10   Washington State Department of Health—Office of Hospital and Patient Data Systems
Comprehensive Hospital Abstract Reporting System—April 2002

Washington State Department of Health
Office of Epidemiology, Health Statistics & Public Health Laboratories
Center for Health Statistics - Research Section & Hospital & Patient Data Services
Comprehensive Hospital Abstract Reporting System (CHARS)

PUBLIC FILE DATA ELEMENTS AVAILABLE

(Available in the following formats: Text (ascii) flat-file, dbf4, SAS release 6.12)

Variable	Type	Start	Length	Format	Label	Comment

DRG & MDC Version Schedule:

1987 - Version 5.0 of 3M-HS1.
1988 - Version 5.0 of 3M-HS1.
1989 - Version 6.0 of 3M-HS1.
1990 - Version 7.0 of 3M-HS1.
1991 - Version 8.0 of 3M-HS1.
1992 - Version 9.0 of 3M-HS1.
1993 - HCFA Grouper Version 10.0 was used for the first 3quarters, and Version 11.0 was used for the fourth quarter.
1994 - HCFA Grouper Version 11.0 was used for the first 3quarters, and Version 12.0 was used for the fourth quarter.
1995 - HCFA Grouper Version 12.0 was used for the first 3quarters, and Version 13.0 was used for the fourth quarter.
1996 - HCFA Grouper Version 13.0 was used for the first 3quarters, and Version 14.0 was used for the fourth quarter.
1997 - HCFA Grouper Version 14.0 was used for the first 3quarters, and Version 15.0 was used for the fourth quarter.
1998 - HCFA Grouper Version 15.0 was used for the first 3quarters, and Version 16.0 was used for the fourth quarter.
1999 - HCFA Grouper Version 16.0 was used for the first 3quarters, and Version 17.0 was used for the fourth quarter.
2000 - HCFA Grouper Version 17.0 was used for the first 3quarters, and Version 18.0 was used for the fourth quarter.
2001 - HCFA Grouper Version 18.0 was used for the first 2 quarters.

DRG Relative Weight Version Schedule:

1987 - Version 4.0 of 3M-HS1.
1988 - Version 5.0 of 3M-HS1.
1989 - Version 6.0 of 3M-HS1.
1990 - Version 7.0 of 3M-HS1.
1991 - Version 8.0 of 3M-HS1.
1992 - Version 9.0 of 3M-HS1.
1993 - Version 11.0 Washington State specific DRG relative weight.
1994 - Version 12.0 Washington State specific DRG relative weight.
1995 - Version 13.0 Washington State specific DRG relative weight.
1996 - Version 14.0 Washington State specific DRG relative weight.
1997 - Version 15.0 Washington State specific DRG relative weight.
1998 - Version 16.0 Washington State specific DRG relative weight.
1999 - Version 17.0 Washington State specific DRG relative weight.
2000 - Version 18.0 Washington State specific DRG relative weight.
2001 First Half - Version 18.0 Washington State specific DRG relative weight.

RDRG Version Schedule:

1993 - HCFA Grouper Version 13.0 was used for the first 3quarters, and Version 14.0 was used for the fourth quarter.
1994 - HCFA Grouper Version 11.0 was used for the first 3quarters, and Version 12.0 was used for the fourth quarter.
1995 - HCFA Grouper Version 12.0 was used for the first 3quarters, and Version 13.0 was used for the fourth quarter.
1996 - HCFA Grouper Version 13.0 was used for the first 3quarters, and Version 14.0 was used for the fourth quarter.
1997 - HCFA Grouper Version 14.0 was used for the first 3quarters, and Version 15.0 was used for the fourth quarter.
1998 - HCFA Grouper Version 15.0 was used for the first 3quarters, and Version 16.0 was used for the fourth quarter.
1999 - HCFA Grouper Version 16.0 was used for the first 3quarters, and Version 17.0 was used for the fourth quarter.
2000 - HCFA Grouper Version 17.0 was used for the first 3quarters, and Version 18.0 was used for the fourth quarter.
2001 - HCFA Grouper Version 18.0 was used for the first 2 quarters.

RDRG Relative Weight Version Schedule:

1993 - Version 11.0 Washington State specific DRG relative weight.
1994 - Version 12.0 Washington State specific DRG relative weight.
1995 - Version 13.0 Washington State specific DRG relative weight.
1996 - Version 14.0 Washington State specific DRG relative weight.
1997 - Version 15.0 Washington State specific DRG relative weight.
1998 - Version 16.0 Washington State specific DRG relative weight.
1999 - Version 17.0 Washington State specific DRG relative weight.
2000 - Version 18.0 Washington State specific DRG relative weight.
2001 First Half - Version 18.0 Washington State specific DRG relative weight.

** *Designates confidential data*

Jerry Judkins 10-15-2001
Ric Ordos 01-14-2002

Washington State Department of Health—Office of Hospital and Patient Data Systems   **Appendix K-11**
Comprehensive Hospital Abstract Reporting System—April 2002

HOSPITAL CENSUS AND CHARGE COMPARISON

FIELD:	DEFINITION:
HOSPITAL NAME	DOH recognized hospital name.
HOSPITAL ID	DOH assigned hospital license identification number.
DISCHARGE NUMBER	A count of inpatient discharges occurring during the reporting period.
PATIENT DAYS	A count of the patient days associated with the discharges reported within the reporting period.
MEAN LENGTH OF STAY	A calculated amount representing total patient days divided by the total number of discharges.
TOTAL CHARGES	An aggregate of all charges for discharges within a reporting period.
MEAN CHARGES PER DISCHARGE	A calculated amount derived from dividing total charges by the number of discharges.
MEAN CHARGES PER DAY	A calculated amount derived from dividing total charges from a hospital by the patient days.
CASE MIX ADJUSTED CHARGES PER DISCHARGE INDEX	A calculated amount computed by dividing a hospital's cumulative DRG weights by total discharges.
CASE-MIX ADJUSTED CHARGES PER DISCHARGE MEAN	A calculated amount derived from dividing the mean charge per discharge by the case-mix index

2001 First Half Chars Hospital Census and Charge Comparison

Washington State Department of Health
Department of Health Chars Reporting System
Standard Report 1 & 2 Hospital Census & Charge Comparision From 01/01/01 to 6/30/01

Hospital Name	LIC	Discharges	Total Days	Mean LOS	Total Charges	Mean Charge per Discharge	Mean Charge per Day	Case-mix Adjusted	
								Casemix Index	Mean
Affiliated Health Services	073	4,241	13,440	3.1691	35,371,580.52	8,340.39	2,631.81	0.85107	9,799
Affiliated Health Services	073P	343	3,116	9.0845	3,407,113.57	9,933.28	1,093.43	0.91266	10,883
Affiliated Health Services Total		4,584	16,556	3.6117	38,778,694.09	8,459.58	2,342.27	0.85567	9,886
Auburn Regional Medical Center	183	3,107	8,814	2.8368	25,221,448.87	8,117.62	2,861.52	0.96647	8,399
Auburn Regional Medical Center	183P	197	2,390	12.1320	3,855,447.87	19,570.80	1,613.16	1.11300	17,583
Auburn Regional Medical Center Total		3,304	11,204	3.3910	29,076,896.74	8,800.51	2,595.22	0.97521	9,024
BHC Fairfax Hospital	904	961	11,020	11.4672	17,803,791.35	18,526.32	1,615.59	1.15710	16,010
BHC Fairfax Hospital Total		961	11,020	11.4672	17,803,791.35	18,526.32	1,615.59	1.15710	16,010
Capital Medical Center	197	2,455	7,651	3.1165	28,682,372.75	11,683.25	3,748.84	1.05424	11,082
Capital Medical Center Total		2,455	7,651	3.1165	28,682,372.75	11,683.25	3,748.84	1.05424	11,082
Cascade Medical Center	158	458	1,080	2.3581	2,571,879.75	5,615.46	2,381.37	0.95900	5,855
Cascade Medical Center	158R	42	528	12.5714	641,635.32	15,277.03	1,215.22	2.15954	7,074
Cascade Medical Center	158S	2	10	5.0000	11,504.63	5,752.32	1,150.46	1.03120	5,578
Cascade Medical Center Total		502	1,618	3.2231	3,225,019.70	6,424.34	1,993.21	1.05973	6,062
Cascade Valley Hospital	106	1,258	3,309	2.6304	9,882,762.26	7,855.93	2,986.63	0.81604	9,626
Cascade Valley Hospital Total		1,258	3,309	2.6304	9,882,762.26	7,855.93	2,986.63	0.81604	9,626
Central Washington Hospital	168	4,675	16,862	3.6068	40,868,674.43	8,741.96	2,423.71	1.09959	7,950
Central Washington Hospital Total		4,675	16,862	3.6068	40,868,674.43	8,741.96	2,423.71	1.09959	7,950
Childrens Hospital & Medical Center	014	4,966	28,136	5.6657	104,625,552.75	21,068.38	3,718.57	1.18088	17,841
Childrens Hospital & Medical Center Total		4,966	28,136	5.6657	104,625,552.75	21,068.38	3,718.57	1.18088	17,841
Columbia Basin Hospital	045	101	247	2.4455	362,800.15	3,592.08	1,468.83	0.71689	5,010
Columbia Basin Hospital	045S	58	2,652	45.7241	333,037.81	5,742.03	125.58	0.71847	7,992
Columbia Basin Hospital Total		159	2,899	18.2327	695,837.96	4,376.34	240.03	0.71747	6,099
Community Memorial Hospital	035	588	1,676	2.8503	3,159,299.21	5,372.96	1,885.02	0.74356	7,225
Community Memorial Hospital Total		588	1,676	2.8503	3,159,299.21	5,372.96	1,885.02	0.74356	7,225

http://www.doh.wa.gov/ehsphl/hospdata/CHARS/2001/2001HalfCensusandCharge.htm

2/14/2002

Washington State Department of Health—Office of Hospital and Patient Data Systems
Comprehensive Hospital Abstract Reporting System—April 2002

Appendix K-13

HOSPITAL PAYER CENSUS AND CHARGE COMPARISON

FIELD:	DEFINITION:
HOSPITAL NAME	DOH recognized hospital name.
PAYER NAME	DOH recognized payer name.
PAYER NUMBER	DOH recognized payer number.
DISCHARGES	A count of the inpatient discharges occurring during the reporting period.
PATIENT DAYS	A count of the patient days associated with the discharges reported.
MEAN LENGTH OF STAY	A calculated amount represents total patient days divided by the total number of discharges.
TOTAL CHARGES	An aggregate of all charges for discharges within a reporting period.
MEAN CHARGES PER DISCHARGE	A calculated amount derived from dividing total charges by the number of discharges.
MEAN CHARGES PER DAY	A calculated amount derived from dividing total charges from a payer by the patient days.
CASE MIX ADJUSTED CHARGES PER DISCHARGE INDEX	A calculated amount computed by dividing a payer's cumulative DRG weights by total discharges.
CASE MIX ADJUSTED CHARGES PER DISCHARGE	A calculated amount derived from dividing the mean charge per discharge by the case-mix index.

Washington State Department of Health
DEPARTMENT OF HEALTH CHARS REPORTING SYSTEM
STANDARD REPORT 3 & 4 PAYER CENSUS & CHARGE COMPARISON FROM 1/1/00 TO 12/31/00--OLD

Hospital Name	Payer Name	Discharges	Patient Days	Mean LOS	Total Charges	Mean Charge/Discharge	Mean Charge/Per Day	Case-Mix Adjusted Charges Per Discharge Index	Case-Mix Adjusted Charges Per Discharge Mean
Affiliated Hlth Services	Commercial	898	2295	2.5557	$5,498,445.74	$6,122.99	$2,395.84	0.7522	$8,139.62
Affiliated Hlth Services	Contractors	1619	4438	2.7412	$10,016,872.71	$6,187.07	$2,257.07	0.7129	$8,678.37
Affiliated Hlth Services	HMO	510	1549	3.0373	$3,513,252.46	$6,888.73	$2,268.08	0.7451	$9,245.87
Affiliated Hlth Services	Labor & Industries	66	233	3.5303	$610,661.35	$9,252.44	$2,620.86	1.1072	$8,356.52
Affiliated Hlth Services	Medicaid	1946	5279	2.7127	$8,323,321.53	$4,277.14	$1,576.69	0.5296	$8,076.43
Affiliated Hlth Services	Medicare	3319	16675	5.0241	$36,683,155.38	$11,052.47	$2,199.89	1.1381	$9,711.73
Affiliated Hlth Services	Other	106	315	2.9717	$584,494.28	$5,514.10	$1,855.54	0.7755	$7,110.59
Affiliated Hlth Services	Self Pay	173	523	3.0231	$1,250,206.21	$7,226.63	$2,390.45	0.9259	$7,805.03
Affiliated Hlth Services Total		8637	31307	3.6248	$66,480,409.66	$7,697.16	$2,123.50	0.8490	$9,065.98
Auburn Regional Med Ctr	Commercial	438	930	2.1233	$2,700,218.41	$6,164.88	$2,903.46	0.8719	$7,070.81
Auburn Regional Med Ctr	HMO	3330	8341	2.5048	$20,748,009.83	$6,230.63	$2,487.47	0.8433	$7,388.46
Auburn Regional Med Ctr	Labor & Industries	108	254	2.3519	$912,421.24	$8,448.34	$3,592.21	1.5305	$5,520.16
Auburn Regional Med Ctr	Medicaid	727	1828	2.5144	$4,034,751.41	$5,549.86	$2,207.19	0.7861	$7,059.92
Auburn Regional Med Ctr	Medicare	2063	11236	5.4464	$23,611,200.61	$11,445.08	$2,101.39	1.1732	$9,755.31
Auburn Regional Med Ctr	Other	5	27	5.4000	$97,545.95	$19,509.19	$3,612.81	1.0740	$18,165.66
Auburn Regional Med Ctr	Self Pay	111	216	1.9459	$595,988.07	$5,369.26	$2,759.20	0.7124	$7,537.25
Auburn Regional Med Ctr Total		6782	22832	3.3666	$52,700,135.52	$7,770.59	$2,308.17	0.9483	$8,193.91
BHC Fairfax Hospital	Commercial	450	4547	10.1044	$7,360,248.59	$16,356.11	$1,618.70	1.0511	$15,561.08
BHC Fairfax Hospital	Contractors	252	2618	10.3889	$4,270,849.82	$16,947.82	$1,631.34	1.0593	$15,999.14
BHC Fairfax Hospital	HMO	98	998	10.1837	$1,621,081.37	$16,541.65	$1,624.33	1.1947	$13,845.88
BHC Fairfax Hospital	Medicaid	661	10299	15.5809	$16,570,328.86	$25,068.58	$1,608.93	1.3588	$18,449.61
BHC Fairfax Hospital	Medicare	109	1095	10.0459	$1,798,774.96	$16,502.52	$1,642.72	0.8955	$18,428.15
BHC Fairfax Hospital	Other	67	987	14.7313	$1,588,239.78	$23,705.07	$1,609.16	1.1926	$19,877.50
BHC Fairfax Hospital	Self Pay	7	71	10.1429	$115,214.77	$16,459.25	$1,622.74	1.0239	$16,074.61
BHC Fairfax Hospital Total		1644	20615	12.5395	$33,324,738.15	$20,270.52	$1,616.53	1.1799	$17,179.18
Capital Medical Center	Commercial	162	434	2.6790	$1,496,802.00	$9,239.52	$3,448.85	0.9810	$9,418.33
Capital Medical Center	HMO	2423	6139	2.5336	$19,576,422.75	$8,079.42	$3,188.86	0.8606	$9,387.97
Capital Medical Center	Labor & Industries	126	290	2.3016	$1,984,649.00	$15,751.18	$6,843.62	1.5424	$10,212.12
Capital Medical Center	Medicaid	246	770	3.1301	$2,522,000.00	$10,252.03	$3,275.32	0.8913	$11,501.94
Capital Medical Center	Medicare	1486	5808	3.9085	$19,761,464.00	$13,298.43	$3,402.46	1.3005	$10,225.56
Capital Medical Center	Other	161	405	2.5155	$1,497,437.62	$9,300.85	$3,697.38	0.9811	$9,480.39
Capital Medical Center	Self Pay	79	269	3.4051	$870,354.00	$11,017.14	$3,235.52	1.0068	$10,942.52
Capital Medical Center Total		4683	14115	3.0141	$47,709,129.37	$10,187.73	$3,380.03	1.0309	$9,882.07

Washington State Department of Health—Office of Hospital and Patient Data Systems
Comprehensive Hospital Abstract Reporting System—April 2002

Appendix K-15

HOSPITAL CENSUS AND CHARGE COMPARISON BY DRG

FIELD:	DEFINITION:
HOSPITAL NAME	DOH recognized hospital name.
PAYER NAME	DOH recognized payer name.
PAYER NUMBER	DOH recognized payer number.
DISCHARGES	A count of the inpatient discharges occurring during the reporting period.
PATIENT DAYS	A count of the patient days associated with the discharges reported.
TOTAL CHARGES	An aggregate of all charges for discharges within a reporting period.
MEAN LENGTH OF STAY	A calculated amount represents total patient days divided by the total number of discharges.
MEAN CHARGES PER DISCHARGE	A calculated amount derived from dividing total charges by the number of discharges.
MEAN CHARGES PER DAY	A calculated amount derived from dividing total charges from a payer by the patient days.

MDC	DRG	DRG Title	Hospital Name	LIC	Discharges	Patient Days	Total Charges	Mean Charge per Discharge	Mean Charge per Day	Mean LOS
1	1		Valley Medical Center	155	33	254	1,071,820.06	32,479.40	4,219.76	7.70
1	1		Virginia Mason Hospital	10	92	448	2,650,222.72	28,806.77	5,915.68	4.87
1	1		Virginia Mason Hospital	010R	1	6	38,341.73	38,341.73	6,390.29	6.00
1	1		Yakima Valley Memorial Hospital	58	5	44	137,617.09	27,523.42	3,127.66	8.80
			DRG 1 Total		1,097	8,881	50,053,046.29	45,627.21	5,635.97	8.10
	2		**CRANIOTOMY FOR TRAUMA AGE >17**							
1	2		Central Washington Hospital	168	8	62	183,715.50	22,964.44	2,963.15	7.75
1	2		Deaconess Medical Center	37	12	135	515,441.45	42,953.45	3,818.08	11.25
1	2		Evergreen Hospital Medical Center	164	3	27	111,334.54	37,111.51	4,123.50	9.00
1	2		Good Samaritan Hospital	81	1	11	118,444.81	118,444.81	10,767.71	11.00
1	2		Harborview Medical Center	29	74	892	4,346,101.48	58,731.10	4,872.31	12.05
1	2		Highline Community Hospital	126	1	1	8,755.48	8,755.48	8,755.48	1.00
1	2		Holy Family Hospital	139	1	6	13,342.00	13,342.00	2,223.67	6.00
1	2		Kadlec Medical Center	161	3	56	265,504.66	88,501.55	4,741.15	18.67
1	2		Lourdes Medical Center	22	2	14	56,522.82	28,261.41	4,037.34	7.00
1	2		Northwest Hospital	130	4	94	168,283.87	42,070.97	1,790.25	23.50
1	2		Overlake Hospital Medical Center	131	1	6	41,140.49	41,140.49	6,856.75	6.00
1	2		Providence General Medical Center	84	6	57	243,065.56	40,510.93	4,264.31	9.50
1	2		Providence Saint Peter Hospital	159	9	98	343,772.15	38,196.91	3,507.88	10.89
1	2		Providence Seattle Medical Center	3	2	9	23,090.10	11,545.05	2,565.57	4.50
1	2		Providence Yakima Medical Center	102	6	26	130,056.05	21,676.01	5,002.16	4.33
1	2		Sacred Heart Medical Center	162	13	192	710,593.14	54,661.01	3,701.01	14.77
1	2		Saint Joseph Hospital	145	2	31	128,667.49	64,333.75	4,150.56	15.50
1	2		Saint Joseph Medical Center	32	12	109	566,879.35	47,239.95	5,200.73	9.08
1	2		Saint Mary Medical Center	50	8	43	217,039.14	27,129.89	5,047.42	5.38
1	2		Southwest Washington Medical Center	170	3	14	38,720.85	12,906.95	2,765.78	4.67
1	2		Stevens Healthcare	138	1	6	21,548.30	21,548.30	3,591.38	6.00
1	2		Swedish Medical Center	1	8	32	180,128.74	22,516.09	5,629.02	4.00
1	2		Tacoma General Hospital	176	11	69	334,889.85	30,444.53	4,853.48	6.27
1	2		University Of Washington Medical Center	128	3	14	46,142.01	15,380.67	3,295.86	4.67
1	2		Valley Hospital and Medical Center	180	1	10	20,272.74	20,272.74	2,027.27	10.00
1	2		Valley Medical Center	155	4	24	102,022.30	25,505.58	4,250.93	6.00
1	2		Virginia Mason Hospital	10	4	20	46,499.62	11,624.91	2,324.98	5.00
1	2		Yakima Valley Memorial Hospital	58	1	5	18,653.68	18,653.68	3,730.74	5.00
			DRG 2 Total		204	2,063	9,000,628.17	44,120.73	4,362.88	10.11
	3		**CRANIOTOMY AGE 0-17**							
1	3		Childrens Hospital & Medical Center	14	119	946	4,380,016.53	36,806.86	4,630.04	7.95
1	3		Deaconess Medical Center	37	10	114	371,493.87	37,149.39	3,258.72	11.40
1	3		Evergreen Hospital Medical Center	164	2	9	58,051.42	29,025.71	6,450.16	4.50

Washington State Department of Health—Office of Hospital and Patient Data Systems
Comprehensive Hospital Abstract Reporting System—April 2002

Appendix K-17

COMPREHENSIVE HOSPITAL ABSTRACT REPORTING SYSTEM

REPORT FIELD DEFINITION

REVENUE CODE ANALYSIS BY HOSPITAL

FIELD:	DEFINITION:
HOSPITAL NAME	DOH recognized hospital name.
HOSPITAL ID	DOH assigned hospital license identification number.
REVENUE CENTER	An account for accumulating revenue consistent with the functional definition matching cost center.
DISCHARGES	A count of the discharge records that contained a charge amount for the corresponding revenue code center.
TOTAL UNITS/DAYS OF SERVICE	A count of total units or days of service for all discharges that contain the revenue center.
TOTAL CHARGES	A sum of all charges attributed to the corresponding revenue center.
MEAN CHARGES PER DISCHARGE	A calculated amount found by dividing the total charges for each revenue center by the number of discharges that contain that revenue center.
MEAN CHARGES PER UNIT OF SERVICE	A calculated amount found by dividing the total charges within a revenue center by the total units of service for the revenue center.

LIC	Hospital Name	Zip Code	City	Discharges	% of Discharge within zipcode	% of Discharges within hospital	Total Charge	% of Charges within zipcode	% of Charges within hospital
001	Swedish Medical Center	98001	King County, WA	88	8.2320%	0.4558%	$1,741,193.58	14.6381%	0.5409%
001	Swedish Medical Center	98002	King County, WA	68	3.2227%	0.3522%	$1,443,932.39	5.7486%	0.4486%
001	Swedish Medical Center	98003	King County, WA	147	6.6456%	0.7614%	$2,135,444.88	8.5053%	0.6634%
001	Swedish Medical Center	98004	King County, WA	147	13.1016%	0.7614%	$2,945,517.72	23.2890%	0.9151%
001	Swedish Medical Center	98005	King County, WA	59	7.9730%	0.3056%	$1,251,054.06	15.0725%	0.3887%
001	Swedish Medical Center	98006	King County, WA	201	15.4854%	1.0411%	$3,589,466.69	22.8438%	1.1152%
001	Swedish Medical Center	98007	King County, WA	67	6.3992%	0.3470%	$1,376,264.62	14.3274%	0.4276%
001	Swedish Medical Center	98008	King County, WA	103	9.5814%	0.5335%	$1,646,828.64	16.0076%	0.5116%
001	Swedish Medical Center	98009	King County, WA	11	22.4490%	0.0570%	$236,618.19	27.0201%	0.0735%
001	Swedish Medical Center	98010	King County, WA	7	3.5354%	0.0363%	$95,057.79	3.9614%	0.0295%
001	Swedish Medical Center	98011	King County, WA	88	7.0911%	0.4558%	$1,709,179.40	13.5361%	0.5310%
001	Swedish Medical Center	98012	Snohomish County, WA	133	8.4231%	0.6889%	$1,941,814.58	11.7488%	0.6033%
001	Swedish Medical Center	98013	King County, WA	7	33.3333%	0.0363%	$99,540.71	39.3543%	0.0309%
001	Swedish Medical Center	98014	King County, WA	10	3.2895%	0.0518%	$185,133.29	6.0031%	0.0575%
001	Swedish Medical Center	98015	King County, WA	1	9.0909%	0.0052%	$12,853.65	16.5420%	0.0040%
001	Swedish Medical Center	98019	King County, WA	19	5.1771%	0.0984%	$216,606.86	6.7872%	0.0673%
001	Swedish Medical Center	98020	Snohomish County, WA	173	16.1080%	0.8960%	$4,312,995.30	28.2344%	1.3399%
001	Swedish Medical Center	98021	Snohomish County, WA	79	9.2182%	0.4092%	$1,265,117.27	13.8824%	0.3930%
001	Swedish Medical Center	98022	King County, WA	46	4.7179%	0.2383%	$867,544.69	7.9231%	0.2695%
001	Swedish Medical Center	98023	King County, WA	106	6.0057%	0.5490%	$2,031,135.33	9.8253%	0.6310%
001	Swedish Medical Center	98024	King County, WA	5	2.4631%	0.0259%	$78,097.87	3.2199%	0.0243%
001	Swedish Medical Center	98025	King County, WA	3	10.7143%	0.0155%	$102,149.80	29.9871%	0.0317%
001	Swedish Medical Center	98026	Snohomish County, WA	210	13.9535%	1.0877%	$4,033,182.75	23.1763%	1.2530%
001	Swedish Medical Center	98027	King County, WA	97	9.2912%	0.5024%	$2,160,673.39	17.5555%	0.6713%
001	Swedish Medical Center	98028	King County, WA	66	9.8951%	0.3418%	$828,930.15	12.1571%	0.2575%
001	Swedish Medical Center	98029	King County, WA	110	14.8649%	0.5697%	$1,107,202.92	13.9723%	0.3440%
001	Swedish Medical Center	98031	King County, WA	280	9.5465%	1.4503%	$5,718,275.75	18.5924%	1.7765%
001	Swedish Medical Center	98032	King County, WA	137	8.7877%	0.7096%	$2,424,490.74	14.9882%	0.7532%
001	Swedish Medical Center	98033	King County, WA	130	10.5178%	0.6733%	$2,033,137.41	14.2259%	0.6316%
001	Swedish Medical Center	98034	King County, WA	100	5.8038%	0.5179%	$2,175,940.88	11.8018%	0.6760%
001	Swedish Medical Center	98035	King County, WA	2	4.8760%	0.0104%	$15,517.81	3.8038%	0.0048%
001	Swedish Medical Center	98036	Snohomish County, WA	174	11.1182%	0.9012%	$2,934,720.42	15.7631%	0.9117%
001	Swedish Medical Center	98037	Snohomish County, WA	201	9.5806%	1.0411%	$3,241,750.34	14.4571%	1.0071%
001	Swedish Medical Center	98038	King County, WA	71	8.5132%	0.3677%	$1,278,082.10	12.4922%	0.3971%
001	Swedish Medical Center	98039	King County, WA	32	25.0000%	0.1657%	$636,114.84	37.9336%	0.1976%
001	Swedish Medical Center	98040	King County, WA	279	30.0971%	1.4451%	$4,854,470.43	36.4123%	1.5082%
001	Swedish Medical Center	98041	King County, WA	1	2.6316%	0.0052%	$9,127.75	2.4603%	0.0028%
001	Swedish Medical Center	98042	King County, WA	132	9.4828%	0.6837%	$3,158,092.76	19.7927%	0.9811%
001	Swedish Medical Center	98043	Snohomish County, WA	147	14.2580%	0.7614%	$2,686,969.10	21.3879%	0.8348%
001	Swedish Medical Center	98045	King County, WA	54	8.0838%	0.2797%	$713,636.04	10.2983%	0.2217%
001	Swedish Medical Center	98046	Snohomish County, WA	6	10.9091%	0.0311%	$108,591.14	18.3668%	0.0337%
001	Swedish Medical Center	98047	King County, WA	8	3.7209%	0.0414%	$471,634.56	22.7458%	0.1465%
001	Swedish Medical Center	98050	King County, WA	4	21.0526%	0.0207%	$114,316.50	58.0257%	0.0355%